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Take Control: A proposed mental health treatment program to be implemented in youth correctional facilities around Oregon based on the evidence-based TARGET program

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Abstract

70% of youth in state and local juvenile justice systems exhibit symptoms of one or more mental health disorders and are not receiving adequate treatment. Currently, in Oregon, there is no mental health-screening requirement for youth admitted into detention centers or correctional facilities. Though this doesn't mean kids never get diagnosed, it does mean there is a large delay in time before treatment begins where they could be receiving care. The Take Control program is working to mitigate wasted time and improve mental health treatment for youth inmates through a seven-step treatment program that provides youth with steps and strategies to cope with their mental health disorders, including real life applications of the skills learned. The program will be implemented in the MacLaren and Oak Creek Correctional Facilities and will be available to all inmates in those centers regardless or gender, race or social status. Each participant will receive a baseline mental health screening followed by a formal diagnosis if needed. They will then begin treatment and will be evaluated every month by psychiatrists to keep track of progress as they work through the program.

A.1 RATIONALE

One in five adolescents aged 13-18 suffers from one or more mental health condition (NAMI, 2018). Within the population of adolescents in the US, 11% have mood disorders, 10% have behavior or conduct disorders and 8% have an anxiety disorder (NAMI, 2018). Mental illnesses are defined as health conditions involving changes in thinking, emotion or behavior. They are characterized by distress and/or problems functioning in social, work or family settings (APA, 2015). Mental illness, particularly undiagnosed or untreated, accounts for 90% of deaths by suicide, the third leading cause of death for youth in the US (NAMI, 2018). Currently there is an 8-10 year gap between the onset of symptoms and a formal diagnosis for youth with a mental illness (NAMI, 2018). The failure to intervene on a mental illness in youth leads to barriers in social and behavioral growth, educational and occupational deficits, and high rates of substance abuse and homelessness. 50% of students with a mental illness drop out of high school; those who make it out of the school system make, on average, $3500-6000 lower salaries per year than those without a mental illness (NAMI, 2018 & Unite For Sight, 2018). Mental illness is also a major cause of homeless, the two "interact in a negative cycle" that leads to those affected drifting into and getting stuck in positions of poverty. 20% of the homeless population has one or more mental illness (Unite For Sight, 2018). Additionally mental illness increases the risk for abuse, maltreatment and human rights violations (Unite For Sight, 2018).

Juvenile inmates are at especially high risk for mental illness. This is due to the adverse risks that come with losing personal control over their lives while in an institution. 70% of youth in state and local juvenile justice systems have one or more mental illness (NAMI, 2018). The two highest security living options for youth in the system are residential programs and correctional facilities; these locations are also where the largest number of youth with mental illness end up. Of youth within the Juvenile Justice System in 2016, 15-30% had depression, 13-30% had ADHD, 3-7% had bipolar and 11-32% had PTSD diagnoses (NCBI, 2016). Depression, the most prevalent mental illness in youth within the system, is characterized by high levels of irritability, meaning juveniles with depressive disorders are more likely to engage in violent encounters with their peers (NCBI, 2016). These violent encounters account for both the arrests and the in custody violence for these youth. The wide range of mental health disorders seen among youth in the juvenile justice system highlights the need

for more than one treatment option. Youth with temporary mental health disorders may only need emergency services for some, but 10% of youth exhibit chronic mental illness that will require continued treatment in various forms for the rest of their lives. (NCBI, 2016).

In Oregon increasing rates of youth with severe mental health disorders and multiple traumas are being seen in the system (Judicial Department, 2016). Though only a portion of juveniles are admitted into the care of Oregon Youth Authority, of those who do 54% of females and 50% of males have a diagnosed conduct disorder and 89% of females and 70% of males have a diagnosed mental health disorder (OYA, 2016). These high numbers of diagnosed cases do not account for juveniles who have not yet been diagnosed but still have a mental health disorder; this is especially prevalent in Oregon as there is currently no mental health screening requirements for youth admitted into the system (Judicial Department, 2016). The lack of screening is coupled with the inadequate amount of crisis and residential treatment beds, has led to a large number of youth in detention centers and correctional facilities with mental health disorders and no resources with which to treat them (Judicial Department, 2016). In Marion County, male juveniles are sent to MacLaren Correctional Facility when incarcerated. At MacLaren there is currently a new mental health treatment program for the multiple trauma unit of the facility, but it is not a widespread treatment system.

In 2016 the Oregon State Court created a Juvenile Justice Mental Health Task Force assigned to the task of addressing the current mental health treatment system for juveniles and making recommendations for needed improvements. The task force recommends mandatory mental health screening upon entry into an juvenile justice system, a common set of principles for recognition, treatment, and encouragement of participation among all the child service centers in Oregon, and the creation of a government Child's Cabinet in charge of creating a unified legal framework for information intake and communication between centers and agencies (Judicial Department, 2016). Additionally, they recommend regulation of psychotropic medication usage (Judicial Department, 2016).

In Oregon there are some research-based programs that are being implemented and assessed for positive outcomes. For youth that are brought into custody with Oregon Youth Authority, they are required to go through a treatment program that can be customized to their needs and implemented within the first 30 days of

placement (OYA, 2018). The treatments come in the form on one-on-one sessions or group therapy and are often tailored to the type of crime that has been committed (OYA, 2018). Female inmates have access to two specific programs: Dialectical Behavior Therapy (DBT) and Seeking Safety. DBT focuses on teaching kids who have struggled with suicide, self-harm or interpersonal difficulties, strategies for coping and managing emotions and personal interactions in a healthy way (OYA, 2018). Seeking Safety is geared towards youth who have been through traumas or have had substance abuse problems and aims to help them manage their symptoms and develop interpersonal skills (OYA, 2018). This mandatory treatment helps to ensure there is forward progress in the mental health of the youth and to help prevent further arrests or behavioral problems. Though Oregon Youth Authority is analyzing research studies and implementing their findings, without widespread treatment over all programs in Oregon, there is always a road block to progress.

Due to the large number of youth in the juvenile system living with mental health disorders that are not receiving beneficial or adequate treatment, a new standardized treatment system coupled with effective health screenings could reduce the affects off such disorders and give youth the resources they need to heal on their own. Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is an evidence-based program that has been proven to lesson the effects of anxiety as well as trauma and stress related disorders and symptoms (SAMSHA, 2017). Additionally TARGET has been effective in providing positive coping mechanisms and reducing internalization of feelings among youth and adolescents (SAMSHA, 2017). With some adaptations, TARGET proves to be a good basis for a program to implement into the Marion County youth judicial system in correctional facilities and residential programs.

A.2 NEEDS ASSESSMENT

A planning committee of carefully selected qualified members will be created to ensure that the adaptation of TARGET to fit the youth inmate population will be effective. The team will combine their knowledge and expertise to create and implement a mental health treatment program the can be catered to the variety of individuals in corrections, including who needs treatment, how to communicate with the kids, and how to assess the effectiveness of a particular prevention for each inmate in the program. The assessment of the youth in corrections and their current mental health status will occur through in depth screenings from health professionals, interviews with the kids, and interviews with those who interact with them personally everyday. The planning committee will include selected psychiatrists, housing unit supervisors from both MacLaren and Oak Creek Correctional Facilities, parole officers from Oregon Youth Authority, case managers, inmates in both facilities, and members of their immediate families. There will be email promotions sent out to everyone except the inmates to create interest in the program and get volunteers to participate. The majority of the members will be chosen through individual interviews and meetings, but the inmates and their families will be chosen from the selected psychiatrists and unit supervisors.

The planning committee members will each bring a set of resources and knowledge with them that will cover the spectrum of facts about each kid that is needed to gear the program to each individual and lead to positive outcomes. The psychiatrists will be specialists in mental health for youth, particularly involved in delinquency, so they will bring their trained professional knowledge about how to best work with the kids. The unit supervisors have an upper hand in having personal connections to the kids who will be in the program. Additionally, through interviews with the kids and parents, the unit supervisors chosen will be well liked and passionate about helping the kids. The case managers and parole officers will both be chosen based on the inmates who are chosen to be part of the committee. Their respective parole officers and case managers will provide backup knowledge about the kids involved with the committee and additional kids who could end up in the program. Additionally, the parole officers have built relationships with the kids' families and can help vouch for them. The inmates from both the boys and girls facilities will be chosen based on behavior and willingness to participate and stay focused, by the unit supervisors and psychiatrists working with them. The inmates are

crucial to the committee because they will provide a personal perspective during the development and implementation stages of the program. The families included will follow the selected inmates and will ensure that the families are included and aware of what treatments will be used on their kids.

Due to the lack of past screening requirements, the first task presented to the committee will be to do mental health screenings on those currently in corrections. In order to collect comparable results, every inmate will be screened regardless of their current diagnosis. The screenings will occur over a few days during which every inmate, both male and female, will have an appointment with their psychiatrists, parole officer and case manager and receive a screening. Through these screenings the committee will also be able to collect general demographic information about each of the kids.

After information is gathered on the inmates themselves, the committee will split into two task forces. The first task force will include the psychiatrists, parole officers, and case managers; their job will be to run interviews with the inmates, unit supervisors and families to ask them about current mental health treatments and opinions on the proposed new plan. The second task force will be made up of case managers and volunteer public health graduate students from Oregon State University and Portland State University. These students will be chosen from interviews after they express interest through an email promotion sent out to them. The students will then be split up into smaller groups with a case manager leading the group. These groups will be tasked with researching and assessing the current mental health treatment programs in place both in Marion County and in Oregon. They will look into what programs are working and not working and why.

The accumulation of information collected from the two task forces will provide a detailed analysis of how the proposed program will be accepted by the community in which it will implemented, and how the committee can learn from mistakes and successes in the past to make the program better than past attempts. When the planning committee reaches the point where the program is going to be put into place, they will have a good idea of how the program will improve what is already being done, and how the inmates and their families will react to the implementation of the program.

B.1 TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATON AND THERAPY (TARGET) FOR CHANGE IN PTSD IN GIRLS INVOVLED WITH DELINQUENCY, AN EVIDENCE BASED INTERVENTION

TARGET is an individual based, step-wise approach to treating PTSD in adolescent girls involved in delinquency. TARGET was assessed concurrent with another program, Enhanced Treatment as Usual (ETAU) to see if one program showed significantly better treatment methods for PTSD (Ford et al, 2012). TARGET was designed to provide youth with sequential skills that go beyond classic emotion regulations interventions to treat PTSD (Ford et al, 2012). Though not explicitly stated, TARGET exhibits characteristics that would allow it to fit into the Trans-Theoretical Model. The behavior change steps are laid out into a seven-step acronym known as FREEDOM: **F**ocusing on the one thought at a time, **R**ecognizing triggers that lead to negative reactions, learning the difference between "alarm-driven and adaptive" **E**motions, goal **D**efinitions, and behavioral **O**ptions, and finally gaining control of symptoms and reactions in order to **M**ake positive contributions to the world. (Ford et al. 2012). These steps were broken into sessions devoted to learning each step followed by sessions devoted to applying the skills to real life situations with the desired outcome of a reduction in public PTSD driven emotional reactions. (Ford et al, 2012). TARGET also includes a creative art aspect aimed at having youth create timelines of their lives and their trauma through art rather than having to verbally tell all of their stories. (Ford et al, 2012). This provide an outlet for youth to work through their past traumas without allowing them to become triggers for negative reactions.

A randomized control trial including fifty-nine girls ages 13-17 with varying ethnic backgrounds and mental health diagnoses, including ADHD, major depressive disorder, oppositional defiance disorder and PTSD (100% of the girls met the criteria for full or partial). (Ford et al, 2012). Recruitment was done over two years via announcements and presentations in schools, juvenile justice programs, health clinics and residential programs. (Ford et al, 2012). The girls were randomly assigned to TARGET or ETAU interventions; all of them completed a baselines assessment once assigned. The girls were then randomly assigned to a therapist based on their availability compared to the availability of the therapist and their caseload. (Ford et al, 2012). Posttest

interviews were conducted by the same initial interviewers at the end of treatment or approximately 4 months after assignment for those who did not complete their treatment. (Ford et al, 2012).

Core Components

TARGET's core components were the step based individual based therapy, screening for eligibility followed by baseline interviews, FREEDOM curriculum, and focus on delinquency.

The individual therapy included 12 one-on-one therapy sessions for all of the girls beginning with an education component describing what the treatment is and why it works followed by real life application and practice of the skills. This progression was proven to help alleviate the possibility of increasing the negative emotions associated with trauma that can occur when the individual is forced to work through that trauma.

The participants were recruited over a two-year period, but once they agreed to join the study they were screened for eligibility and then went through a baseline interview process. The screenings ensures that those participating in the study fit the criteria for treatment, which included self-reported delinquency and full or partial PTSD. The baseline interviews are crucial to the eventual evaluation of the success of treatment. The individualistic nature of mental health treatment means there must be a baseline to build off of for all the participants in the program.

The FREEDOM curriculum outlines the seven steps that every participant will go through on during their treatment. FREEDOM is the heart of the TARGET curriculum because all of the therapy sessions are built around of the seven steps. FREEDOM has a natural flow from self-realization to real life application of skills that creates an easy regression to treatment for the youth to follow.

The population of interest has to be youth involved in delinquency because their treatment is unique to their health position. The implementation of TARGET has proven effective for youth involved in delinquency regardless of their placement in a facility or out in the community. Youth involved in delinquency are an important population of interest because they have high rates of PTSD and they lack social support networks.

Key Features

The key features of TARGET are the location of the programs, the study population, the lengths of time the subjects are receiving treatment, the number of sessions, and the specific mental health disorder that the

program focuses on. All of these aspects could be altered in order to implement TARGET in other settings working with those who need mental health treatment.

TARGET was implemented in Hartford, Connecticut because that was the location of the juvenile department that was looking for treatment options for their girls involved in delinquency. Though currently not being implemented throughout the country, TARGET could be utilized by juvenile departments throughout the United States.

The study population was limited to exclusively girls involved with delinquency. This was in part due to the high numbers of delinquent girls who were not receiving adequate care for their mental health, but also made the study more focused to control for possible confounding factors that could show up if the study population is too broad. The success found in this study could lead the implementation for boys as well. Additionally there is a broad range of programs that youth involved with delinquency can be put into. The girls in this study are not from one specific program but the study could be limited to residential programs, correctional facilities or youth on probation that are at home.

TARGET is compared with ETAU specifically for improvements in PTSD symptoms. This is because all of the girls in the study population fit the requirements for PTSD. The focus on one specific illness also allowed for more accurate comparisons between the two treatment options. Considering both TARGET and ETAU proved effective to some extent, they could both be adapted to treat other common mental health disorders such as major depressive disorder, bipolar disease and anxiety that are often diagnosed among delinquent youth.

Lastly, the girls received 12 one-on-one sessions with their therapist as part of TARGET treatment. This allowed for the first 2/3 of the sessions to be focused on educating the girls about their mental health disorder and how they can learn to cope with their triggers. The other 1/3 of the sessions were dedicated to practical, real life applications of the strategies learned in the previous sessions. The number of sessions and the focus of each session can be adapted depending on what mental health disorder is being treated and the progress that each individual is making. These changes can allow the program to be better adapted to the individual as the study population and mental health disorders being treated expand.

Resources

In order for this program to be successful there is a large team of personnel who need to be dedicated to implementing TARGET. Along with program implementers who will split the girls up in to their respective programs, there needs to be a team of therapists who are trained in the program they are implementing and who are dedicated to the girls they are working with. The most training is needed for the female researchers in charge of the baseline and posttest assessments. They must know what they are looking for in each girl to determine eligibility.

Additionally, there is a need for girls involved in delinquency who are interested in receiving treatment and who want to get better, they must also be supported by their parents and the juvenile justice team assigned to them so that they are able to attend all meetings successfully. They are the most important people to recruit because without them and their support team there would be no validity in the program.

The recruitment of girls to be involved meant that announcements and presentations have to be created and put into the various recruitment locations. The support of those community organizations was crucial to getting the study up and running. Lastly there is a need for locations where the kids could go to receive treatment and a location for the assessments to be done.

B.2 ADAPTATIONS

Using TARGET as a baseline, Take Control has been created, a mental health treatment program for youth involved with delinquency. Take Control will be implemented at two correctional facilities in Oregon, one in Marion County and the other in Linn County. The facility in Marion County is MacLaren Correctional Facility that houses all of the incarcerated males in Oregon; the other facility, Oak Creek, houses all of the incarcerated females in Oregon. All of the inmates in both correctional facilities are under the age of 25 and do not have the ability to leave their facilities. The implementation of Take Control in correctional facilities means it will be easier to guarantee that every child goes to every treatment sessions and are engaged in their healing process. The correctional facilities also have staff in place, including trained counselors/treatment managers, who can implement the program. The seven step FREEDOM approach demonstrated in TARGET will be kept, so the counselors/treatment managers will need to attend training sessions on the specific treatment they will be implementing.

The greatest shift between TARGET and Take Control is that the Take Control program will not be used for one specific mental health disorder. Once the kids enter the correctional facilities they will receive a mental health screening done by their assigned psychiatrists andx then their treatment will be catered to their specific diagnosis. Take Control is going to expand on what is being treated because there are hundreds of kids in the correctional facilities that have a wide range of mental health disorders that they are not receiving adequate treatment for. TARGET was only implemented for a four-month period, but Take Control will be a continuous program that youth in corrections will be receiving until they are released. The goal is to continue to build their skills and self-efficacy for as long as possible before they are released back into the real world.

Lastly, Take Control will not be used as a comparison to another program. The goal of Take Control is to take programs, such as TARGET, that have already proven effective, and implement them to start making changes in the quality of treatment incarcerated youth are receiving. Additionally, while TARGET was focused on lessoning the symptoms of PTSD for trauma victims, Take Control will be focused on improving mental health specifically with the desired outcome of lowering the number of youth in corrections.

B.3 MISSION, GOALS AND OBJECTIVES.

Mission

The purpose of Take Control is to provide quality mental health treatment for youth in correctional facilities so that the numbers of youth committing crimes that land them in corrections will be lowered as they learn to cope with their triggers.

Goals

- Increase self efficacy in the youth
- Provide self-help and coping strategies catered to the individual's respective mental health disorder
- Lower the numbers of incarcerated youth by getting youth to handle their triggers and avoid acting upon them negatively

Objectives

Process objective:

By 2020, all correctional facility counselors and psychiatrists will be able to identify and treat mental health disorders for each specific individual in corrections

Learning Objective:

After one month of treatment sessions, 80% of youth in correctional facilities will have improved self-efficacy

Behavioral Objective:

By the end of the first year of treatment, 75% of youth in correctional facilities will be applying and using the coping mechanisms they are learning in their treatment sessions.

Outcome Objective:

By 2023, more than 80% of youth in correctional facilities will be receiving adequate mental health treatment and the numbers of youth in correctional facilities will decrease by 20-30%.

C.1 IMPLEMENTATION

Take Control will begin with the interview and hiring process of the staff who will be involved. This step is crucial because the staff need to be dedicated and passionate about mental health treatment in order for Take Control to be successful in helping the youth in the correctional facilities. The hiring process will also include contacting the correctional facilities and confirming that they want to adopt and implement the Take Control treatment program. Once all of the staff are in place, three things will occur in the following months: training of the counselors/treatment managers and interns, initial mental health assessments of the youth in the facilities and a group meeting that will include all staff members and any parents who want to attend and gain information about the program. Following these three baseline items, the interns will organize the kids by diagnosis and assign them to counselors/treatment managers.

Once treatment begins the focus will switch to preparing the psychiatrists to do progress checks and interviews with both the kids in the program and their counselors. The progress checks will occur every month beginning after the first month, and the interviews will take place at four months and after the end of the first year. The interns will fill in to help the treatment staff by keeping track of the data collected during each session, progress checks and the in-person interviews.

Take Control will begin with a pilot group of kids who will go through the initial assessments and begin treatment 4 months earlier than the full population of the facilities. There will be 50 boys from MacLaren and 30 girls from Oak Creek chosen to be in the pilot groups. Their facility staff will pick them because the staff know the kids individually and can gather a group that will be representative of the population as a whole. This will ensure that the initial assessment of the Take Control program will be valid on a larger scale. The progress checks and interviews with the inmates in the pilot program will provide data to show whether or not the program is successful and should be implemented on a larger scale. The Take Control staff will be looking to see if the kids are showing improvement in both their self-efficacy and in their understanding of coping strategies that they are learning about. Additionally, progress checks will show if the counselors and psychiatrists are seeing individual improvement in the majority of those receiving treatment. After four months, if there is progress being made towards the learning and behavioral objectives, the rest of the inmates in both

facilities will receive their initial mental health assessments, will be assigned to counselors and will begin their treatment. Finally, at the end of the first year of the program, the interns will gather data on the progress of each individual in the program and statistics about the numbers of youth entering and leaving the juvenile justice system. This data will be used in the evaluation of the program for the first year and the upcoming years that the program will be implemented.

2018-2019	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.
Identify/hire staff	X	X										
Contact correctional facilities & counselors/treatment managers	X	X										
Group meeting with all staff and parents of kids			X									
Identify pilot group			X									
Initial mental health assessments of inmates			X									
Train counselors/treatment managers		X	X									
Train interns		X	X									
Collect and organize psych assessments			X									
Assign pilot test kids to counselors			X									
Begin treatment				X								
Evaluation meeting and training					X							
Progress checks					X	X	X	X	X	X	X	X
Mental health assessments and counselor assignments for the rest of the inmates							X					
Check in interviews with youth								X				X
Begin treatment for the rest of the kids								X				
Gathering/analysis of 1st year stats												X
Continuation of program												X

C.2 EVALUATION

The overall success of the program will be measured using the statistics collected by the Juvenile Justice Information System (JJIS). JJIS keeps track of the youth who are coming in and out of the system each year, their reason for arrest, and their placement within the juvenile justice system. Additionally, because both MacLaren and Oak Creek Correctional Facilities are under Oregon Youth Authority jurisdiction, statistics about the youth entering and being released from corrections will be collected through them. This information will be collected at the end of every year of implementation. Evaluation of the changes in behavior and attitude of the youth in corrections will be evaluated through in person interviews and posttest assessments. These evaluations will occur in monthly increments, or every four months for the in person interviews.

The overall evaluation design will be non-experimental because it would be unethical to have a control group where treatment is withheld. If the original pilot test group shows success then it would be unfair to allow some of the kids to receive necessary treatment but tell others that we will not allow them to get better. The treatment is also very individual focused because every inmate will have a different diagnosis and will be in a different stage of treatment, so a control group would not be the most valid way to assess the success of the program.

Process Objective: At the end of the year 2020 an evaluation will be done by the program technicians assessing the counselors' and treatment managers' ability to identify and treat the mental health disorders of the youth on their case load. Upon the completion of training, each staff member will receive a Take Control program certification that will have a set of criteria that will be tested every two years for recertification. The counselors/treatment managers will also go through a yearly review of their performance and progress with their kids. If it is found that there are staff members who are not expressing understanding of the treatment program, changes to training will be made by the program technicians to close these gaps in understanding.

Learning Objective: Evaluation of the self-efficacy of the youth will be done by the psychiatrists who completed the initial mental health assessments. Each inmate receiving treatment will have a meeting with one of the psychiatrists at the end of the first month of treatment. The psychiatrists will have a series of questions prepared for the asking about how they feel about their treatment and current mental health status. These results

will be compared to the initial assessments to identify improvements in self-efficacy. If the results show less than 80% making progress then a change in treatment strategies will be made to help the youth feel like they are in control of their treatment.

Behavioral Objective: Upon completion of the first year of the program, the program technicians will be evaluating the amount of behavior change that has occurred in the inmates receiving care. They will be looking to see if the coping strategies learned in the sessions are being applied to real life scenarios in at least 75% of the kids. The program technicians will gather this information from yearly reports that the counselors will write up about each kid on their caseload. The counselors will have seen changes in behavior first hand and will also have received behavior reports from the unit supervisors who are with the kids 24/7. From these data, they can compile a report that will be given to the technicians as a reference for checking if the program goals are being met.

Outcome Objective: Five years after the implementation of Take Control, the program technicians and program director will come together to assess if the outcome objectives are being met. The first aspect that they will be looking for, an 80% improvement in youth receiving adequate mental health care, will be evaluated using the posttest screenings done by the psychiatrists and through health records kept at the correctional facilities. The records will note all medications as well as any incidents of negative behavior episodes driven by the individuals mental health state. The second part of the five-year evaluation, the 20-30% decrease in numbers of youth in corrections, will be assessed using JJIS and OYA statistics for the years of implementation. These benchmarks are crucial to proving the effectiveness of Take Control and ensuring funding for upcoming years of treatment.

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